



Chicopee Contributory Retirement System

City Hall, Market Square Chicopee, MA 01013-2685

Tel: (413) 594-1542 Fax: (413) 594-1544

DIRECT DEPOSIT REQUEST FORM

Name _____

Address _____

Effective _____ 20____, please direct deposit my monthly pension check
into the following account:

Bank Name _____

Bank Address _____

Account # _____ Checking ☐ Savings ☐

Routing # _____

Retiree Signature

Date

****NOTE: Please attach a voided CHECK or DEPOSIT SLIP of the
account you wish your check to be deposited.**